Best Available CORY Application or Doctor Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										74800817			
		Effect											
CLAIMS AS FILED - PART I								MLE	MITY		OTHER	THAN	
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TOTAL CLAIMS			13			`		RATE	FEE		RATE	FEE	
FOR			NUMBER FLED		NUMB	NUMBER EXTRA		BASIC FEE 355.00		OR	BABIC FEE	710.00	
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INDEPENDENT CLAIMS			= E eunim		· ·	0		X40=		OR	X80⇒		
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* If the entry in column 1 is less than the entry in column 2, write "I' in column 3. "If the "Fighest Number Previously Paid For" SH THES SPACE is less than 20, enter "20." ADDIT.										OR	TOTAL		
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FORM Pro-ers

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application report Manual Port Substitute for Form PTO-875 CLAIMS AS FILED - PARTI . (Column 1) OTHER THAN (Column 2) SMALL ENTITY OR SMALL ENTITY FOR MUMBER FILED MUMBER EXTRA RATE BASIC FEE FEE RATE ÆF (37 CFR 1 16(a)) TOTAL CLAIMS OR_ (37 CFR 1.15(c)) minus 20 ± INDEPENDENT CLAIMS OR (37 CFR : 16(b)) minus 3 a OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR Fithe difference in column 1 is less than zero, enter 10 in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Column 1) OTHER THAN (Cotumn 3) SMALL ENTITY OR CLAIMS SMALL ENTITY **HIGHEST** REMAINING ENT NUMBER PRESENT RATE AFTER ADO: PREVIOUSLY **EXTRA** RATE ADDI-AMENDMENT TIONAL PAID FOR TIONAL ENDME Yota! FEC Minus SEE QR Minus ξ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(4)) OR OR TOTAL LATOI ADD'L FEE OR ADOLFEE (1 nmulco) (Column 2) (Cotumn 3) CLAIMS മ HIGHEST PEVARUNG NUMBER PRESENT RATE HITCH 400: PREVIOUSLY EXTRA RATE ATT. MENDINERO ME TIONAL PADFOR TICHAL Total FEE Minus END EEE Incependent (37 CFR 1.160/D Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1.15(d)) OR X S + 4 OR TOTAL TOTAL ADD'L FEF OR ADD'L FEE (Column 1) (Cotumn 2) CLAIMS \mathbf{o} HIGHEST REMAINING NUMBER ENT PRESENT AFTER RATE ADDI-PREVIOUSLY RATE **EXTRA** ADOL THEMOMENT TIONAL PAID FOR TIONAL ENDM Total FEE Minus (27 OFR 1.14(c) FEE X S Minus OR ₹ X S = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (37 CFR 1.19(d)) OR X S OR TOTAL

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"If the entry in column 1 is less than the entry in column 2, write "or in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.